FOR STATE

2, and 3 to PM3. Poge

Item 18. Give Poges hours ofter deoth.

delay

File pages I and 2 with the State Department event within 72 hours ofter burial-transit permit. in ony 0 puo be used cremotion, or removal, FUNERAL DIRECTOR: Page 3 should for may be retained prior to Heolth

the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 shauld be forwarded to the Chief Medical Exominer's Office along with farm

This certificate should be executed within 24 icate, writing the ward "pending" in pencil in 1

execute the certificate, writing the ward

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EXAMINER:

Home

Balto. Md. 21212

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Residence before admission 2. USUAL RESIDENCE (Where deceosed lived, if PLACE OF DEATH 50 B Code Co o. COUNTY MARYLAND ALTIMORE CITY LENGTH OF STAY IN 16 write PURAL and give nearest town AUTIMYONLE Mone 30.4 e tS RESIDENCE ON A FARM? OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Ocean Park Motel Ocean City, Maryland 506 Cedarcroft Road NO K 3. NAME OF DATE DECEASED DEATH (Type or print) S. SEX AGE (In yeo IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED last birthdoy) Dovs WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Knuseunte 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Brown J. Wm. Brooks 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no or unknown) (If yes give war or dates of service 218-16-1510 Same 18. CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO AS 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work L of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: Natural causes Accident Suicide Hamicide Undefermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 21 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) 23o. BURIAL, CREMATION (Stote) REMOVAL (Specify)
Burial Loudon Park Cemetery Baltol Maryland 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 5209 York Road

VR A15ME (5) 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	2 1.		10312	CERTIFICATE	OF DEATH	10319
P I	in by the funeral ers. Pages 1 and 2 2 hours after death.		PLACE OF DEATH O. COUNTY WERE CESTER	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if o. STATE MARYLAND	institution: Residence before odmission) b. COUNTY
urs afte	Pages Pages ours afte		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (If outside corporate limits, V. BALTI MORE #3	vrite RURAL and give nearest town)
24 ha	filled in the papers.		d. NAME OF HOSPITAL OR INSTITUTION (If not in h	4	d. STREET ADDRESS ROBERTS	PLACE 6. IS RESIDENCE ON A FARM? YES NO
withir			NAME OF DECEASED (Type or print) GEORGE	JOHN ,	BENZING 4. DATE OF DEATH	Month Day Year UEY 17 19671
xecuted		S.	Mini-	WHITE HETER MARKIED	Aug 28 1900 9. AGE (In lost birt	
the death certificate be executed within 24 haurs after		10c dur	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign count BALTIMOR €	12. CITIZEN OF WHAT COUNTRY? US # .
certifica	v o ·		GEORGE BE	ENZING	CATHERINE FE	
death	signed by the attending phy burial-transit permit. Then l burial, crematian, or remava	15. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (Iff yes give wor or dotes of serv		ZAOETH STIEMLY	BALT. 22, Md.
that the an.	by the a transit pe crematia		IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (a), (b), and (c).) Carair - Pulm	arrest	INTERVAL BETWEEN ONSET AND DEATH
luires fl hysiciar	signed by burial-trar burial, crer		DUE TO Conditions, if ony, which gove rise to immediate couse (a),	Prop. Myses	ardial Infa	rot Minutes.
law red	as been si as the b prior ta b		stating the underlying couse DUE 10 (c)	arterio scleroti	ic Cardin-Vascas	ar Dis 10 12mm
I: The lar after	the se	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI			YES NO D
Sician	Eob	L CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter noture of injury in Port I or Port II of iten	
G PHY	ufter this cert be detached State Dept. a	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While of work of work of work	E OF INJURY (Home, form, ory, street, office bldg., etc.)	
TENDII	e d:		21. I certify that (I) (this hespital saw the deceased alive an		death accurred at 13° PM, fram	auses and an the date stated abave.
OR AT be reta	TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		220. SIGNATURE Philip P.	Brows M.D	ATTENDING MED. STA PHYS. DIRECTOR PHY	FF 22b. DATE SIGNED
SPITAL 4 may	VERAL for, page Id be fil	/	22c. PHYSICIAN'S NAME (Type) PHILIP D	BROUS	1601 PHKADELPH	14 AVE : OCEMP CAY
Page	direct share		BURIAL, CREMATION, REMOVAL (Specify) 7 - 20 -	67, SACRED HEA	RT CEM. 7401 GERM	AN HILL RO, BA, CO, MD. 25b. REGISTRAR'S SIGNATURE
V 2	R A15 (4) 0 M 1/66	le	sharles A Jules 90	1 S. CONPPRISO G ST BALTO, 21224, M	D. DATUL 2 1 1967	ycliarles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10313

CERTIFICATE OF DEATH

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FOR STATE HEALTH DEP DERT. O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm, PM3. Page 5 may be retained far your files. 10 FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File, bages land 2 with the State Depart Health priar ta burial, crematian, ar remaval, and in any event within 72 th ursperier death. TO DEPUTY MEDICAL EXAMINER:

10314

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL Item #8 **BALTIMORE, MARYLAND 21201**

EXAMINER'S CERTIFICATE OF DEATH

10314

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution, Resider	nce before odmission
	1	O. COUNTY MARYLAND	a. STATE CHILLOS PECISIO B. COUNTY	Huland.
		b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	re nearest tawn)
		write RURAL and give neorest tawn) 2 months	Chincoledine	223
		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
0	10	001 PhILA. AVE. OCEAN CITY,	103 Smith Street	ON A FARM? YES NO
		NAME OF First Middle	Lost 4. DATE OF TALL Month	Doy Year
	5.	200	CPENTER DEATH JULY	S 827.61
	٥.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 1899 9. AGE (In years IF UNDER Manths)	Doys Hours Min.
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT
1	duri	ing mast of working life, even if retired) INDUSTRY	Chincotecicno	UNTRX? A
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		WILLIAM CARPENTER	Nancy (Dillia	MS
U	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	
	(16	ss, na, ar unknown) (If yes give wor or dotes af service)	Wite 3	
		18. CAUSE OF DEATH (Enter only one couse per live for (o), (b) and (c).)	0 00	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caudio Casci	was Collanse	MONSET AND DEATH
d		HACI DUE TO	000	1
		Conditions, if ony, which gave rise to immediate cause (a),	U malchan	muy
		stating the underlying cause lost. (c) ARTERIOSIER	oric adjorandor line	years
4	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	ATIO	None		YES NO
	CERTIFICATION	20o. EXTERNÁL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	(Enter noture of injury in Port I or Part II of item 1B.)	
F	MEDICAL	20c. TIME OF INJURY Month. Dov. Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, farm, 20f. (City ar town) (Ca	unty) (Stote)
	MED	Signam. 1967 While Not While of work	ory, street, office bldg., etc.)	
		21. I certify that I took charge af the remains described above, he	ld an Autopsy 🔲 , Inspectian 💢 , Inquiry 💢 ,	and in my apinian
П		death resulted fram: Natural causes 1, Accident . Suici		1
			CHIEF MEDICAL EXAMINER	11 (2.71)
	Y	SIGNATURE DONALD Cana	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
5		EXAMINER'S TO DONALD CAPRA	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	7/26/61
		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C		(County) (Stote)
	1	Bright (Specify) 7-30-67 Daisey Cemete	ery (hincoteague, Virg	pinia
	24	FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	IGNATURE
	-	Palyer Funeral Home, (hincoteague, Virgi	nia DATEJUL 3 1 196/	10

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tems18&Film	391 8-10-67 MARYLAND STATE DEPARTMENT OF HEALTH	
21	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	

10315

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10315

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	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Reside o. STAXE)	
\vdash	b. CITY OR TOWN (If outside corporate limits, c. LENGTH QF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give	e nearest tawn)
	Write RURAL and give negrest taken	DISTRICT Hats - (nd 1/2
	O. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give strept address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	KAMI ITON HOTE!	7322 District PKWY	YES NO
3.	NAME OF DECEASED (Type or print) EILEN OIL CAS	Lost 4. DATE Month OF DEATH JULY	26 1967
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Oct 1, 9. AGE (In years light birthday) Wonths Wonths	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
किंद्र चेठा	USUAL OSCUPATION ISSUE KIND OF ACCUPANCE OF LINDUSTRY Ingruss of working file, even if refirent		TIZEN OF WHAT DUNTRY?
13.	FATHERS NAME	14 MOTHER'S MAJORN NAME ON S	VC-10
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANTS. Address SR SERE CASHE (HUSBAND) SR	me
	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	MANNAY.	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO	3177777	
	Conditions, if any, which gave rise to immediate cause (a), (b) Ethylism, Acute		Unknown
	stating the underlying cause DUE TO (c)		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY □ ar CONTRIBUTING □ CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II af item 18.)	
MEDICAL		CE OF INJURY (Hame, form, ary, street, affice bldg., etc.)	ounty) (State)
	21. I certify that I took charge of the remains described above, he		and in my apinian
	deoth resulted from: Natural couses 🔼, Accident 🗌, Suic	ide , Hamicide , Undetermined manner	
	ACTUAL SIGNATURE AND AMERICAN - 1	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER	U426,
	NAME (Type) T. U. (OW/VSENDE) VK	. Odd F Steel Pity Gyn, Taynty 11	196
230	D. BURIAL, CREMATION, 23b. D'ATE THEREOF 23c. NAME OF CEMETERY OR PRINCIPLE SECTION OF CEMETERY OR CEDAR HILL CI		(Caunty) (State)
24	BURIAL 7/29/67 CEDAR HILL CI I. FUNERAL DIRECTOR ROBERT E. WILHELM FUNERAL HOME	250. REC'D BY REGISTRAR 25b. REGISTRAR'S	
	4308 SUITLAND ROAD, SUITLAND, MARYLAND	JUL 3 1 1967 yellarla	Judges
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Health prior to burial, cremation, ar removal, and in any event within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH

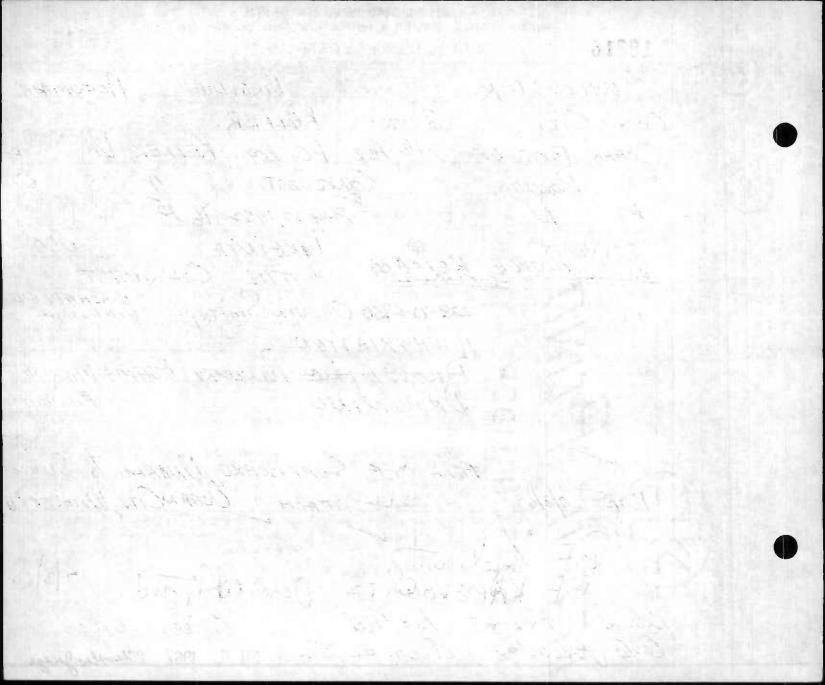
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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10316

FOR STATE		TUSTO MEDICAL EXAMINER'S CERTIFICATE OF DEATH	/
HEALTH ADBPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution:	
₩ \$ \$ %		O. COUNTY WORCIES TER. MARYLAND G. STATE VIRGINIA 6. COUNTY	Accompek.
eloy d 3 . Pq . Pq		b. (ITY OR TOWN (If outside carporate limits, write RURAL write RURAL and give heatest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give heatest town)	and give nearest tawn)
y de an artm	(DEEN CITY 3 WKS. KELLER.	8343
f an m Dep		d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	e. IS RESIDENCE ON A FARM?
ages ages ttb form	4	CLEAN FOOT OF I HUE. PO BOX: HIELLER	YES NO
S Store		NAME OF First Middle Last 4. DATE Month DECEASED OF OF	· Day Year
n the		(Type or print) / QUALTE COMOURS /- DEATH	FUNDER 1 YEAR IF UNDER 24 HRS.
with with	3.	SEX 6. COLOR OR RAKE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In year) WIDOWED DIVORCED May 27 1952	Manths Days Hours Min.
ond 2	10a	a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
_ = 0 _ = =		ring most of working life even if retired) INDUSTRY # UNRIGIDITY	COUNTRY? USA.
	13.	EATHER'S NAME APPROAD TO THE PROPERTY OF THE P	
ed within in pencil il Exomin Il Exomin 1. File poc 72 hours	-	HATTIE TONOURS. HATTIE. CONQU	1128V.
		S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, na, ar unknawn) (If yes give war ar dates af service)	WACHAPREAS
Medica Medica permit within		NO 228-72-6950 CALVIN MITH, U	IRGINIA 3
0		18. CAUSE OF DEATH (Enter only one cause per line (6) (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
rd "pe Chief Chief tronsit		9 2 9 8 IMMEDIATE (AUSE (a) 75 8 17 7 17 17 17 17 17 17 17 17 17 17 17 1	
should be ne word "pe o the Chief burial-tronsit		Conditions, if any, which gave) (b) PROWALLE YUMONARY EMZ!	MA MINOUTES
A)		rise to immediate cause (a),	16
vriting the vorted worded sed os a al, ond is		stating the underlying cause (c) DROWNING	KIINUTTES
writi wor wor	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
This cert cate, wri be forword, removal,	CATIO		YES NO
ifficatification and the control of	CERTIFI	20g. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	- + C.
O S C G		CAUSE OF DEATH. 20c TIMF OF INJURY Month Day Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form. 2017) (City or town)	(County) (State)
XAMINE the control of	MEDICAL	20c. TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, House, farm, Mat While Nat While factory, street, office bldg., etc.)	(County) (Sidie)
your Pogge		13 p.m. // of wark at wark at wark	ond in my obinion
At exected for I for rial,		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry death resulted from: Natural corps , Accident , Suicide , Homicide , Undetermined man	
SECTO PURCE PORTION PURCE PURC		CHIEF MEDICAL EXAMINER	101
Me plec dir reto		SIGNATURE CIT. AND ASSISTANT MEDICAL EXAMINER [22. PATE SIGNED
UTY, Flerol be r RAL RAL prior		EXAMINED'S COMPUTY MEDICAL EXAMINER C	7(3(6)
o DEPUTY necessary, the funero 5 may be O FUNERAL Health pric	-	NAME (Type) K. T. KATPE LOURI 1 2 'CARRELLANDIA CHALLETT, OT COUNTY N. C.	
To per the S med Head	230	lo Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
	74	The state of the s	TRAR'S SIGNATURE
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in pencil in Item 18. Give Pages 1,

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10317	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	10214
1. PLACE OF DEATH 0. COUNTY WORKES TO S	MAKTEMID	MAKYLHOD	COUNTY BART
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not	c. LENGTH OF STAY IN 16 HRS in hospital, give street address)	C. CITY OR TOWN (If outside carporate limits, with BATTIMORIZ) d. STREET ADDRESS	te RURAL and give nearest town) 2 2 6 IS RESIDENCE ON A FARM?
FISHING BOAT		1404 STEWGLIE	TOPE YES NO F
3. NAME OF DECEASED (Type or print) PSHAR	JAMES C	LOSTIS 4. DATE OF DEATH	Month Doy Year
MW	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8. 22 06 9. AGE (In your lost birtho	day) Months Days Hours Min.
IDo. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	10b. KIND OF BUSINESS OR THOUSTRY JANITORIAL	POROMOKE, N	1D. 12. CITIZEN OF WHAT COUNTRY? USA
JAMES M. C	ustis	14. MOTHER'S MAIDEN NAME	ACTIC
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates at s	16. SOCIAL SECURITY NO. 17.	INFORMANT S. L. THOMAS, 8428	Address KANANAGH ST
18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	PADIONIARIUM	DE COLLAPSE	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove (b) (b)	MIMMONIN	INFARCT	MINUTES
stoting the underlying couse lost.	HRTERIO SLEEP	OTIC CARDIOVASC,	PISERY YEARS
PART II. OTHER SIGNIFICANT CONDITIONS COM SEASICK VIEW	-	THE TERMINAL DISEASE CONDITION GIVEN IN PART I	19. WAS AUTOPSY PERFORMED? YES AUTOPSY
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		(Enter nature of injury in Part I or Part II af item	
20c. TIME OF INJURY Month, Doy Year Hour am p.m. 1/1 19 6	While Not While	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	1/2 = ====
	of the remains described above, hi	eld on Autopsy 🔲 , Inspection 🛂 ,	Inquiry and in my opinion
death resulted from: Noturo	causes 4, Accident, Sui	cide, Hamicide, Undetermin	ed manner [_]
ACTUAL SIGNATURE	relau-le	M.D. ASSISTANT MEDICAL EXAMINER	221 DATE SIGNET
EXAMINER'S Q.T.	APPELOWNE	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	7/1/67
230 RURIAL, CREMATION, 23b. DATE THERI SEMOVAL (Specify)		EMETERY ACCOMAC 250 RECD BY REGISTRAR	or Town) (County) (State) K County VIRGINIA 5b. REMERCES SUBJECTION
Bobert H. Walso	n Rocomoke City	md DATE JUL 5 1961	1

VR A15ME (5) 6M 1/67

H. WATSON

5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of

Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

necessory, please execute the certificate, writing the word "pending"

TIES -ROLL TO THE STREET STREET Carlotte Street Carlotte - TAMES PL. CHEMS ... INOCKERNY BLOTIS !!! Co. The state of t A contract to the second of the second 11.20年度下去。 建海州的水道 the ment of the second of the second of the second 多种的Augnity 工作。 BUILDING TO HOUSE OF THE SON CENTERAL - REPORTED TO THE STANDING Pakar Hilly Jam Recompre City mis

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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24 haurs ofter deoth. If

This certificate should be executed within

Stote Dep along with form Give Poges in Item 18. 4 should be forwarded to the Chief Medical Examiner's Office pencil permit. File . burial-transit writing the word 0 SD be used execute the certificate,

00 within event any C remayal 3 should cremation, or moy be retained for your FUNERAL DIRECTOR: Page Heolth prior to 0

Page

the funeral director.

VR A15ME (5)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b CALY OR TOWN (If outside corporate limits, write INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle DATE Eirst Lost Year DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER S. SEX DATE OF BIRTH AGE (In years 24 HRS 7. MARRIED NEVER MARRIED birthdoy) Months Hours Doys DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 13. FATHER'S NAME MOTHER'S MAIDEN NAME INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no or paknown) (If yes give wor or dotes of service) halovulle CAUSE OF DEATH (Enter only one couse per line for (o), (b. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) at work ot wark 21. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE **EXAMINER'S** NAME (Type) BURIAL CREMATION 23c. NAME OF CEMETERY DATE. 2So. REC'D BY REGISTRAF

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death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1. MARYLAND
10319	CERTIFICATE	OF DEATH		10319

1. PLACE DF DEAT						If Institution: Residence before admission
a. COUNTY	Worcest	er	MARYLAND	a. STATE	rvland	Worcester
b. CITY OR TOW	/N (If outside corpora	te Ilmits,	c. LENGTH OF STAY IN 1b			s, write RURAL and give nearest town
Write RURAL	and give nearest tov	(n)	38 Yrs	R4	shopville	22.1
	+16	ON (if not in ho	spital, give street address			e. IS RESIDENC
	xx	100			RFD	ON A FARM?
3. NAME OF	Fi	rst	Middle	Last		Month Day Year
(Type or print)	Kather		D. Day		OF DEATH Jul	
5. SEX	6. COLOR OR RACE	7. MARRIED		8. DATE OF BIRTH	19. AGE (In ve	ers LIFUNDER TYFAR IF UNDER 24 HR
Female	White	WIDOWED		Dec. 14, 1	L870 96 yr	day) Months Days Hours Min.
10a. USUAL OCCUPAT during most of work	FION (Give kind of work	done 1Db. KI	ND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign co	untry) 12. CITIZEN OF WHAT COUNTRY?
Nurse			urse	Marylar		USA
13. FATHER'S NAM	1E			14. MOTHER'S MAI	DEN NAME	
	Unkn	own		Elizabe	th Day	
	EVER IN U.S. ARMED FO		SOCIAL SECURITY NO. 17	INFORMANT	Ac	ddress
XX	XX	22	0-52-79711	lora McCab	e Bishopvi	lle Ma pro
18. CAUSE OF	DEATH [Enter only on	e cause per li	ge for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE		Rema		, –	ONSE! AND DEATH
4341	DUE	A	-f.	11.	1 1	
Conditions, If	any, which }	(b) C/L	nieslu	Mean	Jane	ere 10 yrs
gave rise to cause (a), s	0.115		0			
underlying cau	tating the	(c)				
S PART II. OTHER	SIGNIFICANT CONDITI		TING TO DEATH BUT NOT RE	ATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICAT						YES NO
PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATH	TH NER)	ESCRIBE HOW INJURY OC	CURRED. (Enter nature of	of Injury In Part I or Part	II of Item 18.)
	INJURY Month, Day,		JURY OCCURRED 12De. PL	ACE OF INJURY (Home,	arm, 20f. (City or tow	(County) (State)
Hour a.		While at work	MOT WILLIAM	tory, street, office bldg.,	etc.)	
			d the deceased from_	YARY.	196/ to Della	1961 that (I) (we) la
THE PARTY OF THE P	ceased alive on	lely		at death occurred at.	9AM, from the car	ses and on the date stated above
228. SIGNATU	RE /	10	18/1			22b. DATE SIGNED
MI	1419/1	Ka	rel / M	.D. PHYS.	MED. STAFF PHYS.	0 //6/6/
22C. PHYSICIA	AN'S SYPE THE TE	= 6	anto Ji	22d. ADDRESS	ay st.	Berlinger
23a. BURIAL, CREM REMOVAL (Sp	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (CI	ty, town or county) (State)
Dunia	7/3/	67	podd Felle	Wa		
24. FUNERAL DIR	ECTOR	les XI	llusuell	Sel 25a. RI	1 0 1967 25b	Clientes Judge
- Mari	- June	7/7	4			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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F	necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to HJYO the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page	TAT	E
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dela	and 13. F	mer	
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10001	U	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH 1	UDAU
a. COUNTY	Vorcester	MARYLAND	- CTATE	there deceased lived, if institution: Resingulary H	dence before admission) larford
b. CITY OR TOWN (I	If outside corparate limits,	c. LENGTH OF STAY IN 16	c. CITY DR TOWN (II aut	side corparate limits, write RURAL and	give nearest town)
Rural-Po	ocomoke City	3 days	Jop	pa 21085	7.2
d. NAME OF HOSPITA	AL OR INSTITUTION (II nat in h	aspital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Pocomoke	e River		114	Doncaster Road	YES NO
3. NAME OF DECEASED (Type or print)	First MELVIN	RUSS EL L	DICKEY	4. DATE Month OF July	Day Year 10, 19 67
S. SEX	6. COLOR OR RACE 7. M	ARRIED X NEVER MARRIED	8. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HR
Male	White W	DOWED DIVORCED	March 22,	1918 49 yrs. Month	s Days Haurs Min.
10a. USUAL OCCUPATION during most of working Machin	(Give kind of work done life, even if retired) nist	10b. KIND OF BUSINESS OR INCLUSTRY & Electric	11. BIRTHPLACE (State of Mar	or foreign country) 12. yland	COUNTRY? U.S.A.
13. FATHER'S NAME	Melvin R. I	Dickey	14. MOTHER'S MAIDEN N	Aurinthia Ad	lkins
15. WAS DECEASED EVE (Yes, no y unknown)	R IN U.S. ARMED FDRCES? (If yes give wor 2 dates of servi		informant cs. Stant Glady	Address Dickey	(Same)
Conditions, if ony, rise to immediat stating the under last.	e couse (a), rlying cause DUE TO	ACCI DENTH		RUZU NI NZI	ONSET AND DEATH
PART II. DIHEK 31	NO NE	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(d)	PERFORMED?
20a. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in P	'ort I ar Part II af item 18.)	
20c. TIME OF INJU Haur a.n p.n	10		ACE OF INJURY (Hame, farm, ictary, street, office bldg., etc.)		(Caunty) (State)
21. I certif- death result ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ded fram: Natoral can	the remains described above, houses Accident Su Su LaMar, M.D.	icide, Hamicide CHIEF MEDICAL M.D. ASSISTANT MEDI DEPUTY MEDICA	, Undetermined manner	22. DATE SIGNE
230. BURIAL, CREMATIC REMOVAL (Specify Burial	23b. DATE THEREOF 7/17/67.	23c. NAME OF CEMETERY OF Baltimore Nat		23d. LDCATION (City or Town) Baltimore	(Caunty) (State)
24. FUNERAL DIRECTO	IR .	Baltimore, Md. 212		BY REGISTRAR 256 RECISTRAR	S SIGNATURE

VR A15ME (5) 6M 1/67

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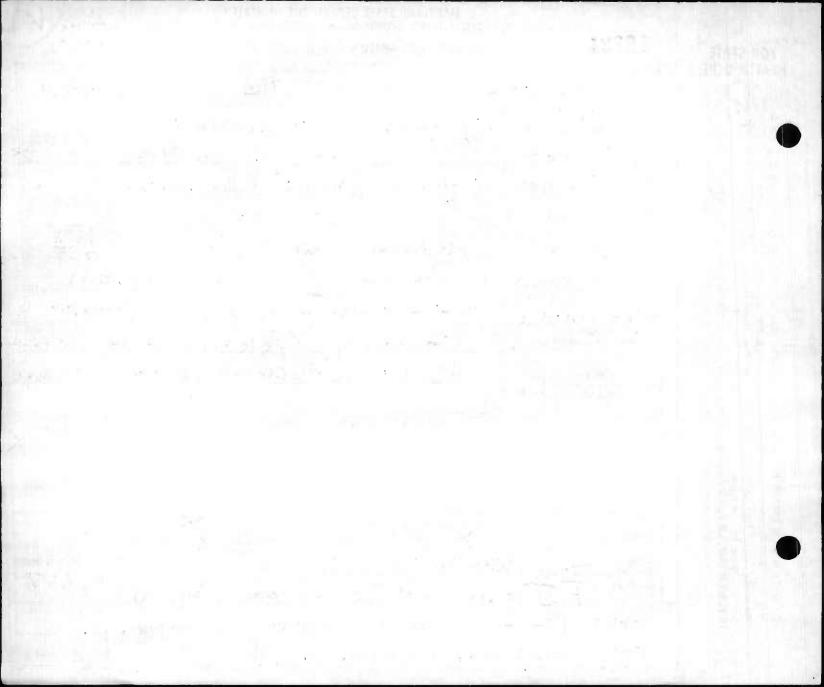
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 21

FOR STATE
HEALTH DEPT.
S & S .

after death. If any delay is 18. Give Pages 1, 2, and 3 to	along with form PMS-raye with the State Department of within 72-Kours after death.	00
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to	The funeral director. Page 4 shauld be tarwarded to the Chief Medical Examiner's Utrice along with form PMSS age so may be retained for your files. To FuneRAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the State Department of th	2
TO DEPUTY MEDICAL EXAMINER necessary, please execute the ce	The funeral director. Page 4 shaul see 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shaul see 3	2

	TOORT	WE	DICAL EXAMINER	2 CEKIIFICAI	E OF DEATH			
1.	PLACE OF DEATH	1 - 0		2. USUAL RESIDE	NCE (Where deceased li	ived, if institution: Res	sidence before adn	nission/
L	WOKE	ester	MARYLAND	1	110	WIS	MINGTO	N
	b. CITY OR TOWN (If outside co write RURAL and opposite	rporote limits,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN	(If autside carparate li	mits, write RURAL ond	give nearest tow	/n)
\vdash	d. NAME OF HOSPITAL OR INSTI	TUTION (If not in bosoita	give street address)	d. STREET ADDRE	TERSTON),,	21-2 e. IS	RESIDENCE
)	Stre		, , , , , , , , , , , , , , , , , , , ,	1270	Jellerson	Blud	YES	A FARM?
3.	NAME OF DECEASED (Type or print)	nes R	ch AS	DWYER	4 DATE OF DEATH	Manth	Day	Year 19 6 7
5.	SEX 6. COLOR	OR RACE 7. MARRIE		8. DATE OF BIRTH	9. AC	GE (In years IF UN st birthdoy) Mont		INDER 24 HRS.
	a. USUAL OCCUPATION (Give kind or ring most at warking life, even if n		KIND OF BUSINESS OR	11 BIRTHPLACE	(State or foreig) ountr	Y) 12	2. CITIZEN OF WHAT COUNTRY?	AT
	SOR GEON		Medicine	14. MOTHER'S MA		77	1134	7
13	FRE FRE	+NK P.	Dwyer	14. MOTHER'S NO	MARY	How	ell	
15 (Y	es, na, or unknawn) (If yes give v	war ar dates af service)	6. SOCIAL SECURITY NO. 20-44-4554	M. JAM	les Duye	ec (wife)) Hagers	bwn.
	1B. GAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	anly one cause per line t ISED BY: DIATE CAUSE (a)	for (1),7(b), and (c).)	Q4 00	clusio	N. ACU	ONSET A	L BETWEEN
	4201	DUE TO	Asour	1:40	30ROVARY	20000	e	(
	Canditians, if ony, which gove rise to immediate couse (o)		42C.00	Colline	- CHECO IN IEC	SCIERO	12 00 6	, MOUN
	stating the underlying cause last.	e (c)						
N.	PART II. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN	PART I(a)	19. WAS PERF	AUTOPSY FORMED?
ICATI	OO - EVERNAL CALLES WAS	1 00	December 1101/ INTERNATION OCCUPA	VED. (5.		(: : : : : : : : : : : : : : : : : : :	YES	NO X
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING CAUSE OF DEATH.		DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of inj	ury in Part I ar Part II (if Ifem IB.)		
MEDICAL	20c. TIME OF INJURY Manth, Haur a.m. p.m.	Wh		PLACE OF INJURY (Ham factory, street, affice bld		ty ar town)	(Caunty)	(State)
	21. I certify that I t		remains described above		, Inspection	Inquiry [, and in	my apinian
	death resulted fram:	Natural causes	Accident [],	· · · · · · · · · · · · · · · · · · ·	1	termined manner		
ı	ACTUAL SIGNATURE	mores	mv.		EDICAL EXAMINER [] NT MEDICAL EXAMINER [22. [DATE SIGNED
b	EXAMINER'S NAME (Type)	Jowa	usend I		MEDICAL EXAMINER	FRM), Md	July 7,	67
23		3b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATI	ON (City or Town)	(County)	(Stote)
	RPMQVA-(Presity)	7-10-67		n Cemeter		erstown,		
1 2	4. FUNERAL DIRECTOR Minnich Fun	eral Home	ADDRESS Hagerstow		REC'D BY REGISTRAR	67 25b. REGISTRAI	rea you	rga.
1			,	J UA			- /7	E1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR ST	ATE		10000	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	10322
HEALTH	DEPT.		PLACE OF DEATH		2. USUAL DESIDENCE (Where deceosed lived, if	institution: Residence before odmission)
lay is 3 ta Page	(5)		4/ORCES#		PENN SUIVANIZ	West more land
y delay and 3 PM3. Pa			O. CITY OR TOWN (If outside corporate li write RURAL and give necessity town)	imits, c. LENGTH OF STAY IN 16	4 11	vrite RURAL and give nearest town)
Z, a	part		I NAME OF HOSPITAL OR INSTITUTION (I	Unot in hospital, give street address)	New Kensin	910N 75.3
arm arm	00	,	Quality	not el de lesson de la contraction de la contrac	1016 PARK View	ON A FARM?
death. Page: with fo	State Depart		NAME OF	First O Middle	Lost 4. DATE	Month Doy Year
r de ive F	the		Type or print) ARO	Id VARTHUR TH	ARKAS OF DEATH VI	uly 11 1967
afte 18. Gi	2 with	S. :	SEX 8. COLOR OR BACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH ADRIT 3 1918 9. AGE (In post birth)	yeors /IF UNDER 1 YEAR IF UNDER 24 HRS. ndoy) Months Doys Hours Min.
	pages land2 with urs after death.	10o. duri	USUAL OCCUPATION (Give kind of work doing may be forking life, even it retired)	one 10b. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY 2
in 2 dl ir iner	ages s af	13.	FATHER'S NAME		TA. MOTHER'S MAIDEN NAME	1
withir pencil xamin	Po Pe		MAX	<i>MARKAS</i>	Crose +RI	edman
-0 .⊆ Ш	72		WAS DECEASED EVER IN U.S. ARMED FORCE s, no, or unknown) (If yes give wor or dot	tes of service)	INFORMANT	Address
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be execute "pending" iief Medical	w tu	Н	1B. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	USE (a)	ARY Occlosion	Acute INTERVAL BETWEEN ONSET AND DEATH
	burial-transit any event		4201 IMMEDIATE CAL	DUE TO	4.09 0 10102 02	1-1-0 /6/4/19010
	urial		Conditions, if ony, which gove nise to immediate couse (o),	(b) A > CU.	5)	UNKNOWN.
a = =			stoting the underlying couse	DUE TO		
certificat writing rwarded	and as g		lost.	(c)	THE TENNING DISTANCE CONDITION OF THE PERSON	TAN MARK AUTONOV
s certificate, writing farwarded	be used removal,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
This ficate, be fa	d be	TIFICA	200. EXTERNAL CAUSE WAS		(Enter noture of injury in Port I or Port II of item	
certifi auld	should an, ar re		PRIMARY Or CONTRIBUTING CAUSE OF DEATH.			
AIN he sh	yaur mes Page 3 sho crematian,	MEDICAL	20c. TIME OF INJURY Month, Day, Yeo Hour o.m.		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	own) (County) (Stote)
ecut Pag	- 11		21. I certify that I took cha	orge of the remains described obove, he	eld on Autopsy , Inspection	Inquiry , and in my opinion
tar.	DIRECTOR to burial,		death resulted from: Not	turol couses 💢 Accident 🔲, Suid	cide 🔲, Homicide 🔲, Undetermi	ned monner
MEDIC please e director	to t		ACTUAL CONTRACTOR	Dime and	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
	RAL		SIGNATURE	Y W Kelly.	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	10.1.117
SSO fun	FUNERAL alth prior		EXAMINER'S NAME (Type)	TOWNSEND, JR	Address (steet, an offerior somy)	1. 1 way 1116 1
0 0 0 8						
O D D	Hea Hea	230	BURIAL, CREMATION, 23b. DATE	THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (CI	ty or Town) (County) = 1510 123
5 e f c		230	3 LO (Specify) 7/1	THEREOF 236. NAME OF CEMETERY OR Y 67 CH 58 BA	KADISHA LOWE	R BURRELL PI
-	5ME (5)	230	BURIAL, CRÉMATION, REMOVAL (Speafy) FUNERAL DIRECTOR A A A A A A B B C C C C C C C C C C C	THEREOF 23C. NAME OF TEMETERY OR Y/67 C.H ERBA Bully Bully Bully	KADISHA LOWE	O MENTING

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10323	CERTIFICATE OF DEATH	N STREET, BALTIMORE I, MA	10222
			10040
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE	E Whare deceased livad, If institution: Reside	ence bafora admission)
Worcester	MARYLAND ///C	T. Wor	cester
b. CITY OR TOWN (if outside corporate limits, write BURAL and give neares town)	c. LENGTH OF STAY IN 16 c. CITY OR TOWN (IF	outside corporate limits, write RURAL and give	a naarast town)
Snow Hill	≥nc	w Hill	231
d. NAME OF HOSPITAL OR INSTITUTION (not in ho	ospital, giva straat addrass) d. STREET ADDRESS		IS RESIDENCE ON A FARM?
423 Covington	St. 423 Cc	vington It.	YES NO
3. NAME OF DECEASED	Middle	4. DATE Month Da	y Year
(Type or print)	H. Fisher	DEATH JULY 2	1 196/
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In yaers UNDER I YEA	
temale Negro WIDOW	ED DIVORCED NOV. 11, 18	8 / 14 yrs.	
toa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County	& State, or foraign country) 12. CITIZEN	OF WHAT COUNTRY
lomestic Ho	ouse Work //c	\mathcal{L}_{i}	JH,
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME	
Eric Colli	ck Unk	nown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, of unkown) (Ifyasgiva werordatesofservica)	SOCIAL SECURITY NO. 17. INFORMANT	Address	1 M1
No	3-14-1335 Edwin Fish	her anow Hill	, 11kd.
18. CAUSE OF DEATH (Enter only one cause par	line for (a), (b), and (c).)	chas'	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Corebect Inton	UCO361	3days.
DUE TO		utorinsclerosi	11000
Conditions, if any, which (b)	Generalized a	recusculor	year
gava rise to immadiata causa (e), stating tha underlying DUE TO	V		
couse last. (c)			. 10 MAS AUTORS
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
1CAT			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	SCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pa	art or Part II of Itam 18.)	
0	. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, streat, office bldg., etc.)		(Stata)
Hour a.m. Whi	THE THE PARTY OF T	1	
	nded the deceased from	962 10 19 Cai	that (I) (we) las
saw the deceased alive on.	1:038 / 57	P.M. from the causes and on the	date stated above
22a. SIGNATURE	1 ~ -		22b. DATE SIGNED
Janu Le		ED. STAFF RECTOR PHYS.	7-28-67
22c. PHYSICIAN'S NAME (Type)	BACAT 22d. ADDRESS	- 11.11 M	11
DAVID	177771	Snow Hou "	(F),
236.) BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR CREMATORY	23d_LOCATION (City, town or county)	(State)
Durial 1-31-61	Coolspring Cem,	Graletree	1110.
24 UNERAL DIRECTOR'S SIGNATURE	ADDRESS 25a. REC'I	D BY REGISTRAR 256. REGISTRAR'S SIGN	ATURE
amen yar	You Church, Va, DATE NO	0 1 104.	0

MARYLAND STATE DEPARTMENT OF HEALTH

No cester were the Wercest. Deres Harrison Acad Harrison Lemme Near State of the Mark 1887 77 Donas De Hose Wick Met English Lollick Long Committee 13 44 1835 Edvice tisties - move that The Control It and Control Control

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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10324

e IS RESIDENCE ON A FARM?

NO

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

WAS AUTOPSY PERFORMED?

and in my apinian

22. DATE SIGNED

(State)

(County)

NO

(Stote)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY 0 with form PM3. Page delay The State Department C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) CITY OR TOWN write RURAL and give-nearest tawn d. STREET ADDRESS TION (If not in haspital, give street address) Give Pages This certificate shauld be executed within 24 haurs after death. 3. NAME OF Middle DATE DECEASED OF (Type or print) DEATH phono SEX 6. COLOR OR RACE 7. MARRIED IF UNDER 1 YEAR NEVER MARRIED (In years Months urthdoy) in Item 18. DIVORCED 4 should be farwarded to the Chief Medical Examiner's Office 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. (BJRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) after USCW permit. File pages pencil - ATHER NAME hours .⊆ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT within 72 SOCIAL SECURITY NO (Yenno for unknown) (If yes give wor or dotes of service) "pending" 1B. CAUSE OF DEATH (Enter only one couse get line for (g), (b), burial-transit event PART I. DEATH WAS CAUSED BY the word DUE TO any Conditions, if ony, which gove rise to immediate couse (o), .= DUE TO 0 stoting the underlying couse writing and 00 last. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) crematian, or removal, CERTIFICATION the certificate, 2Do. EXTERNAL CAUSE WAS 3 should b 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 2De. PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED (City or town) Hour o.m. Your Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Page ot work of work 21. I certify that I taak charge of the remains described above, held an Autopsy retained for Inspection Inquiry burial, funeral directar. death resulted fram: Natural causes Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL Health prior SIGNATURE pe may the BURIAL CREMATION TERY OR CREMATORY 0 VR ATSME IST

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MARYLAND STATE DEPARTMENT OF HEALTH

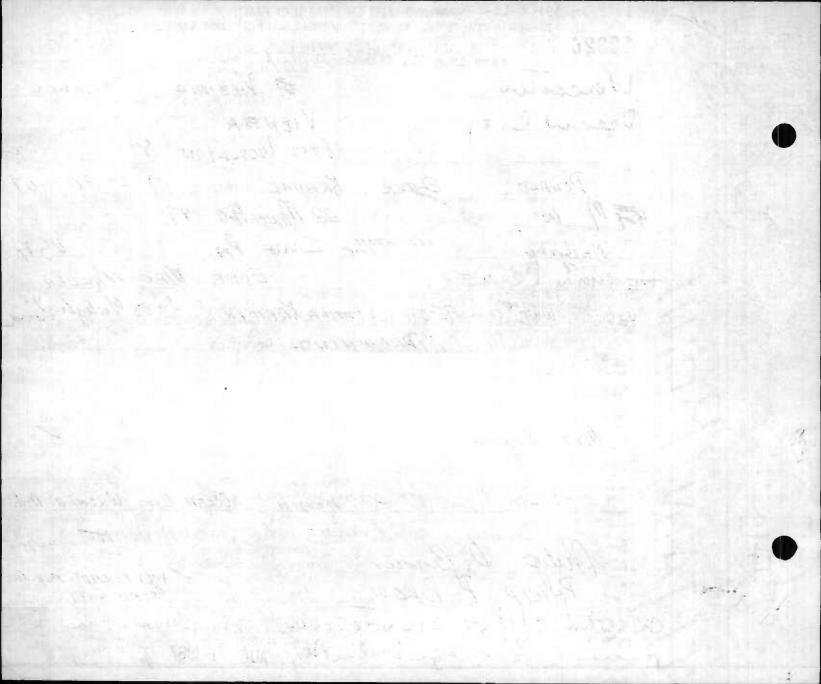
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	MEDICAL EXAMINER S CERTIFICATE OF DEATH
	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
	COUNTY WORCESER MARYLAND O. STATE Md. B. COUNTY WOR.
1	CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
5	cean City Tyears Ocean City
	I. NAME DE HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) OR CAROLINE ST ON A FARM? YES NO
3.	NAME OF First Middle Lost 4. DATE A Month Day Year
	Type or print) WINFIELD CARI JOHNSON DEATH JULY 8 167
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100	USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR 11. BIRTHPLACE (Stot) of Seeign country) 12. CITIZEN OF WHAT
	ng most of the even if retind) ROUSIRY THE COUNTRY S A
13.	FATHER NAME 14. MOTHER'S MAIDEN NAME
	JOHN J. JOHNSON DOSEPHINE DWANSON
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY 17. INFORMANY Address Octobre Co.
	10 - 577-12-8056 Mus Color Of No. 10 STREET OF M.S. COLOR OF MY COLOR OF THE STREET OF
	18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) ORONARY OCCUSION ACVE INTERVAL BETWEEN ONSFEAND REATH-
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	Canditions, if any, which gove isse to immediate cause (a), (b) ASCUD with CORONARY & Myscardia) FALVER BYEAR'
	lost (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY
CATIO	Obesity . PERFORMED?
CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY \(\subseteq \text{or CONTRIBUTING } \) CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d. INJURY OCCURRED While Not While ot work of the control of
	21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection Inquiry , and in my apinio
	death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner
	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNER
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER LUL 8 1967
	NAME (Type) - TOWNICHOLD RMJ) Address (Syce Type Down Consult)
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAMED FREMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) PREMOVAL (Specify) F-11-67 SUNSET MEMORIAL BERLIN, WERESTER, MD
24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 1025 REGISTRAPS SIGNATURE CLUBAC
(ILLRICH FUNERAL HOME BERLIN, MO. DATE JUL 12 1301
	3. 1 100. durii 13. 15. (Yee

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	[te	em 18 Film 391 8-11-67 MARYLAND STATE DEPA	ARTMENT OF HEALTH	
Jan 1 St		DIVISION OF VITAL RECORDS, 301 W. PRESTO	N STREET, BALTIMORE, MARYLAND 21201	10000
FOR STATE		10326 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	10326
HEALTH DEPT		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resider o. STATE b. COUNTY 7	nce before odmission)
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de de la 3.		wite RURAL and give nearest town	c. CITY OR TOWN (II outside corporate limits, write RURAL and giv	83.3
amy 2, 2,		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospial, give street oddress)	d_STREET ADDRESS	e IS RESIDENCE
ath. If any ages 1, 2, o ith farm PN State Depart			\$333 WESLEYAN ST.	ON A FARM? YES NO
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after de Sove Falong w	5.	Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1. REVER MARRIED	S DATE OF BIRTH 9. AGE (In years IF UNDER	20 19 67 1 YEAR IF UNDER 24 HRS.
		WIDOWED DIVORCED	22 MARCH 920 lost birthdoy) Months	Days Hours Min.
within 24 haurs of pencil in Item 18 Examiner's Office File pages I and 2 I haurs after death		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY VAC ATION		OUNTRY?
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I within 2 n pencil i Examiner File page 2 haurs al		HERMAN CRIMER.	EDNA MAE 1	MLL ER
		s no or unknown) (If yes give wor or day or service)	INFORMANT OFFICE KORMER & & 333 WE	ale la St.
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the ward to the Control of the Contr		Conditions, if ony, which gove (b)		
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vertificate writing the rwarded to seed as a val, and in	-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY
This certificate, write be farwar I be used remayal,	ATIO	None Known		PERFORMED?
tiffica Id be Iuld b	CERTIFICATION	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part 1 or Port 11 of item 1B.)	
NER: T certific hauld b iles. shauld an, ar r		CAUSE OF DEATH. Accident 2Ds. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, form, 2Df. (City or town) (Co	ounty) (Stote)
EXAMINER out the cer age 4 shaul your files. Page 3 shaul cremation,	MEDICAL	6 Hour o.m. 7 30 67. While Not While fact	and attend affice blds attal	ROSTER Md
Page out		21. I certify that I taak charge af the remains described abave, he		and in my apinio
ortal		death resulted fram: Natural causes 🔲 , Accident 🕱 , Suic	ide _, Homicide _, Drideterhologed hydroly	27 2 30
MEORC, please e directar retained. DIRECT re bur ta		ACTUAL MALIO D. Brown	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	7-30-4 22. DATE SIGNED
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O DEPUTY MEDICAL IS necessary, please exect the funeral director. Po 5 may be retained far O FUNERAL DIRECTOR: Health prior to burial,		NAME (Type) PHILIP P. DROUS	Address (Street, city, town, or county) OCEAN	Ciry
the FIGURE	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERT OR STORY OF COMPTER TO PARTY OF COMPTER TO PART	2. 1.11.2	(County) (State)
	24	FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S	
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MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE, MARYLAND 21201

Whaleyville MARYLAND

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10b. KIND OF BUSINESS OR

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	exe	ndir	ne Chief Medical Examiner's Office alang with farm PM3. Page	ol-tronsit permit. File pages 1 and 2 wer The State Department	y event within 72 haurs after death.
	9 90	be	e	TIS!	t
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OS be used ar removal, 3 shauld priar to burial, crematian, may be retained for your FUNERAL DIRECTOR: Page Page the funeral 5 may 10 FUNE

This certificate sho

MEDICAL EXAMINER:

the certificate, writing the shauld be farwarded ta during most of working life, even if retired) INDUSTRY Housewife Home 13. FATHER'S NAME David Evans 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war or dotes of service 222-182-140-D No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CEREBRAL VASCULAR ACCIDENT IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave Arteriosclerosis rise to immediate cause (a), DUE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 200. EXTERNAL CAUSE WAS PRIMARY C ar CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour a.m. 21. I certify that I took charge of the remains described above, held an Autapsy death resulted fram: Natural causes X Accident | ACTUAL SIGNATURE NAME (Type) MD.D. 106 bay st Show(SH111.1Md pr county) ROBERT LA MAR. BURIAL, CREMATION REMOVAL (Speci EHU BOTH

10327

Worcester b. CITY OR TOWN (If autside carparate limits,

write RURAL and give nearest tawn)

10a. USUAL OCCUPATION (Give kind of work done

R.F.D., Whaleyville, Md.

6. COLOR OR RACE

W

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

First

Mollie

7. MARRIED

WIDOWED X

PLACE OF DEATH

a. COUNTY

NAME OF

DECEASED

SEX

(Type or print)

10327 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Whaleyville, Md. Worcester c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) R.F.D., Whaleyville, Md. e IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO Lost 4. DATE Year 31 1967 Lewis DEATH B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years Manths Days Hours Dec. 16, 1879 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Whaleyville, Md. 14. MOTHER'S MAIDEN NAME Charlotte Daisy 17. INFORMANT Address Mrs. Ella Lewis Bishop, Md. INTERVAL BETWEEN 20 hrs 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Inspection & Inquiry X and in my opinion Suicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 8-2-67

VR A 15ME (\$ 6M 1/67

23d. LOCATION (City or Town)

2Sa. REC'D BY REGISTRAR

STRAR'S SIGNATURE

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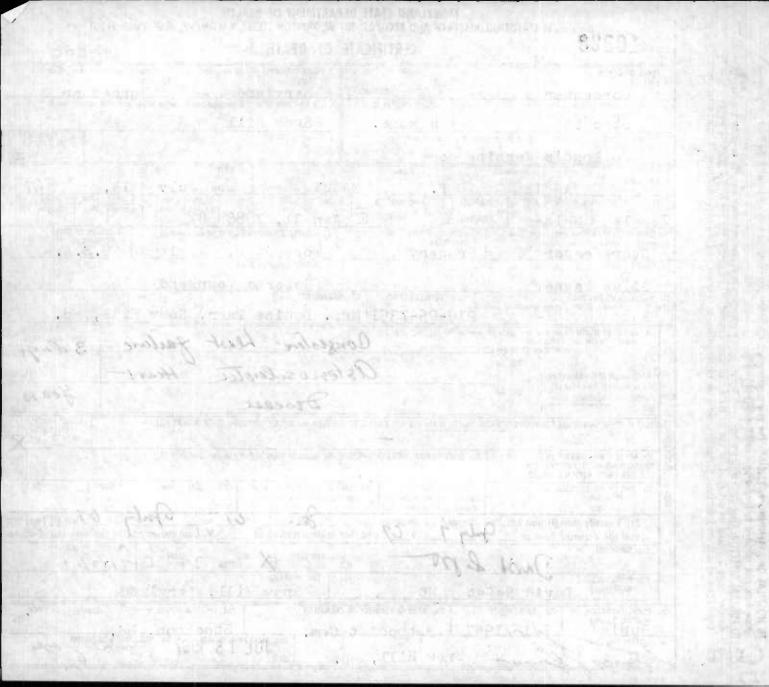
	MAKIEAND STATE DETARTMENT OF HEALTH	
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
1	10323 CERTIFICATE OF DEATH	10

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	LACE OF DEATH						Where deceased lived, if institu		befare admission)	
-	i. COUNTY	astan		MAI	RYLAND	o. STATE Marvla	b. COU	Morces	ten	
-		ester If outside corporate limit	5,	c. LENGTH OF STAY			utside carparate limits, write RU			
	write RURAL on	d give nearest town)		4 Mons		Snow H		02.	/	
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		ond's Nur				U. STREET ADDRESS			ON A FARM	M?
	NAME OF	Fi	rst	Middle		Last	4. DATE Mon	th	Day Year	
	Type ar print)	ANNIE		P.	MA	SON	DEATH July	13,	196"	7
i. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲	8. DATE OF BIRTH	9. AGE (In years	Manths D		HRS. Min.
F	emale	White	WIDOWED	DIVORCE	ED 🔲	Jan 31, 1	886 81 yrs.	Mullins	ruys fluuis	IVIII.
0a.	USUAL OCCUPATION	N (Give kind af wark dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZ	EN OF WHAT	
JUI	StoreK	life, even if retired)		oustry oc ery		Worcest	er, Marylan	d II.	S.A.	
13.	FATHER'S NAME	.00001	, UI	JC 61 J		14. MOTHER'S MAIDEN		<u> </u>	D 4 11 4	
	04700	Darra				Pohont	a Townsend			
15	Silas	R IN U.S. ARMED FORCES?	16.9	SOCIAL SECURITY NO.	17	INFORMANT	a TOWNSend Addr	229		
	s, na, ar unknawn)	(If yes give war ar dates o	of service V						3/13	
_	No	-		9-05-735	TIMI	s. Louise	Tair, Show	Hill,		
		EATH (Enter anly one cau TH WAS CAUSED BY:	ise per line far	(a), (b), and (c).)	1.	/	1001- 001		ONSET AND DEA	
	TAKI I. DEA	IMMEDIATE CAUSE	(a)		00	ngiotene-	reary faces	ne	3 du	2
	4200	DUE	TO		12.	nglolene terroscles	-, 0			
	Canditions, if any rise to immediat		(b)	P. F. L	US	regio sche	olce Hea	1-		
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A	last.)	(c)			Diseas	L		V	J.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY									
2				_	_				PERFORMED?	- processes
2	20a. ACCIDENT WA	S LINDERLYING 🗆	205 DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 1B.)		1.25	1
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	100. 01.	SCRIBE HOW HOOK!	occonnes.	(Ellor notoro or injury in	ran ran na nam so.,			
		MEDICAL EXAMINER)	1 001 10	ILLIPY OCCUPATO	T an Pu	CE OF INTURY (II	T 005 (City of the city)	16	(54	
MEDICAL	Hour a.	URY Manth, Day, Year m.	While	JURY OCCURRED Not While		CE OF INJURY (Hame, farm ary, street, affice bldg., etc.		(Count	ty) (Sta	re)
8	р.і	m. 19	at wark			0		1		
	21. I certi	fy that (I) (this hos	pital) attend	led the deceases	from_		1/2//	W7, 19 C	hat (I) (we	e) las
	saw the d	eceased alive on_	young	19 (1)	ond the	t deoth occurred at	M, fram causes	and on the	dote stated o	bove
	220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED									
1		· lavi	1 de 1	70	M		DIRECTOR PHYS.	7/13	3/67	
	22c. PHYSICIAN'S		-			22d. ADDRESS				
	NAME (Type	David R	lafat	MD		Snow	Hill, Marvl	and		
30	BURIAL, CREMATIO	ON, 23b. DATE THE	EREOF	23c. NAME OF CEN	METERY OR	CREMATORY	23d. LOCATION (City or To	iwn) (C	aunty) (State	e)
	REMOVAL (Specify	7/15	1967	Mathead	d a de	0	Stockton	Ma		
24	FUNERAL DIRECTO	11/10/	7.301	Method	IIST	Cem 2So. REC		EGISTRAR'S SIG	NATURE	
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	1127 11 . 1	W Help ac.		TILL WALL	0 141	1 - I IIATI-				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tilled in by the funeral director, page 3 should be detached far use as the burial-tronsit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician.

> VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10329 CERTIFICATE OF DEATH

	- 0. D=/((1)
1. PLACE DF DEATH a. COUNTY /	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Worckester MARYLAND	a. STATE Worckester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bishopville	Bishopville 23./
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. Street address e. IS residence on a farm?
	YES NO [
3. NAME OF FIRST MIDDLE	Last 4. DATE Month Day Year
	Melson DEATH 7 29 19 67
7. WARRIED 124 NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iast birthday Months Days Hours Min.
White WIDOWED DIVORCED	11/15/1905 61 yrs.
10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Poultryman Poultry	Maryland USA
	14. MOTHER'S MAIDEN NAME
I Alfred Melson	Elizabeth Melson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
Yes World War II 219-07-1934	Grace Melson (Wife) Bishopville
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	del m farchari
4 201 DUE TD	
Conditions, if any, which gave rise to immediate (b)	Theo selecosis
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEQ?
	YES NO
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part or Part of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While at work at work	pry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Mar. 2 1964 to July 29 1967, that (I) (we) last
	t death occurred at 3P M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
July Colen (10) M.	D. ATTENDING MED. MED. STAFF Aug. 12, 167
22c. CHYSICIAN'S	22d. ADDRESS
NAME (Type) Jack C. Lewis, M. D.	Selbyville, Delaware
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 8/1/1967 Odd Fellows	Cemetery Bishopville, Maryland
24. FUNERAL DIRECTOR APPRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Gettereges Meson, proukford	Well DATE AUG 2 1 1967 yourse yusge

VR A15 (4) 15M 4-64 AND THE RESIDENCE OF THE PROPERTY OF THE PROPE the base of which the party of the Principle Cale (in)

10330 FOR STATE HEALTH DEPT

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, ond 3 to the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Page

This certificate should be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

any delay is

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS,

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10329

	4 -	_			
LTH	DEPT			2. USUAL RESIDENCE (Where deceased lived, if institution: Resider	nce befare admission)
0 0	of		a. COUNTY WORCESTER MARYLAND	a. STATE b. COUNTY	InR
Pog	t			CITY OR TOWN (If autside carparate limits, write NURAL and giv	e negrest town)
M3.	E		write RURAL and give negres (tawn)	BIShOP-RURA	121
PSO	art art		DENTIN-NUMA I POUNT	1 4 4	e IS RESIDENCE
_` E	Department 00		d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	ON A FARM?
form	4	9	JICKORY NIEGE RODD.		YES NO
	Story 1		NAME OF First Middle	Last 4 DATE Month	Day Year
8. Give Pagalong with	The state of the s		OFFICEASED (Type or print) DNU LEVIN MUMT	ord JR DEATH JULY	9 19767
ong ong	With the second	S.	SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED 8. D	DATE OF BIRTH 9. AGE (In years (IF UNDER	
0 0	¥ ÷		WIDOWED DIVORCED V	ov 14, 1928 38 (hday) Manths	Days Hours Min.
E ju	jes Tand 2 v ofter death	10a	. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fareign county) 12. CI	TIZEN OF WHAT
Offi	Jo er	dur	ing nost of working life even if retired) INDUSTRY	Swow Hill, Old 12	UNIR'S A
er's	poges urs offe	13	EATHER'S NAME	4. MOTHER'S MAIDEN NAME	
Examiner		10.	JOHN LEVIN MUMBORD	Alfany Fitts	
Xa		15		ORMANTAddress	2 . 1
			es, no, or unknown) (If yes give war ar dates of service)	SAMCHAEFER STATE loke	>tus kran
D D	permit. within 72		NO 718-24-2501 (OR)	o. Affording feel were long	a Mos
Chief Medical	± ×		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	- Upund chestling	INTERVAL BETWEEN
hier	-tronsit event		IMMEDIATE CAUSE (o)	- WOUND Chestling	3 MINIS
word he C			9317 DUE TO	/	(APROX)
-	uriol		Conditions, if any, which gave (b)		2.11
the to	=		stating the underlying cause DUE TO		
nting	os o		last. (c)		
e, writing to		2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
for or		CERTIFICATION	10000		YES NO
be	d be	E		ter nature af injury in Part I ar Part II af item 18.)	
ER	should should on, or	ERI	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
e Pe	sh sh on,	3		OF INJURY (Hame, farm, 20f. (City or pwn) (Co	ounty) (State)/
the 4 s	your files Page 3 sh cremation,	MEDICAL	3 Haur a.m. U. O. C. G. While Not While feetery	street, office bldg., etc.) Parks (pelil)	woe Md
ute 1ge	Page		at wark at wark	The Italian Salamin Sa	
Pec	al,		21. I certify that I took charge of the remains described above, held		ond in my opinion
- O	ECTOR burial		deoth resulted from: Noturol couses [], Accident [], Suicide		
irec	IRE Fo		ACTUAL COM A A A A A A A A A A A A A A A A A A A	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
a.P	or or		SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	A CONTENT
Jero Jero	Pri		EXAMINER'S I TO A SECOND TO THE SECOND TO TH	DEPUTY MEDICAL EXAMINER	14/267
fur			NAME (Type)	Add as Brief Child Vistor Danty	
nec the	O FUN	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CRE	V 0 0 4 0 1	(Caunty) (State)
	=		Dirial 1/5/6 Darch PU	theo Cem. Deshop W	ov. Tha.
VR A	15ME (5)	2	4. FUNERAL DIRECTOR ADDRESS	ISS. KEES ST KEESTSTA	SIGNATURE
	1/67		Techand T. Watson Selbyville.	Del JUL 19 1967 generales	00

to the first the same of the s Total of the second of the sec AND THE RESERVE AND THE PARTY OF THE PARTY O the house of the same of the s Branch and and the second of t Company of the second of the s But half I have bushed by patent I have TERRET THE THE STANDARD OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEFARITMENT OF THE DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10331

DEPT.

ith the State Department of

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with shealth ar its designated agent, priar to burial, crematian, ar removal, and in any event, with

5 may be retained for yaur files.

VR A15ME 5

haurs after death.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0330

1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (W		nstitution: Residence . COUNTY	before odmission)
WorcesTer		MARYLAND	Maryla	nd	Morce	sler
 b. CITY OR TOWN (If outside corporate write RURAL and give nearest town 		ENGTH OF STAY IN 1b	c. CITY OR TOWN (If out		te RURAL ond give r	neorest town)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in bossital miss of	seed address?	d. STREET ADDRESS	Snow H	111	e. IS RESIDENCE
d. NAME OF HOSFITAL OR INSTITUTION	(It not in nospirol, give st	reer oddress)	d. STREET ADDRESS			ON A FARM?
3. NAME OF	First	Middle	Lost	4. DATE	Month	Doy Year
OECEASED (Type or print)	ewell	8	Northan	OF DEATH	Teche	27 1967
S. SEX 6. COLOR OR RAC	E 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye		YEAR IF UNDER 24 HRS.
Female White	WIDOWED	DIVORCED	Jan 7 190.		yrs.	Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	done 10b. KIND OF	F BUSINESS OR	11. BIKTHPLACE (Stote of	or foreign country)		EN OF WHAT
Housewife	Crun	Home	West	rginia	61.	5. A
13. FATHER'S NAME	2		14. MOTHER'S MAIDEN N	AMP	,	
15. WAS DECEASED EVER IN U.S. ARMED FOR	Durge 1 16 SOCIAL	L SECURITY NO. 17.	INFORMANT	1st Field	Address	
(Yes, no, or unknown) (If yes give wor or d		DECORITI NO.	07'- No	the 5 -	w Hill	and
18. CAUSE OF DEATH (Enter only or	ne couse per line for (a) (1	h) and (c))	UIIS HOPI	Mam, SAO	w Mill	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE C	1.01	RO IAC	ARRIS-	T		ONSET AND DEATH
4201	DUE TO					
Conditions, if ony, which gove rise to immediate couse (a),	(b) ACU	STE CO	ROW ARY	OCCLUSI	ion	MINUTES
stoting the underlying couse	DUE TO					
last.	(c)	THE DIST NOT DELETED TO	THE TERMINAL DISCLET COM	OUTION CHIEN IN SART 1	/ \	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION	ONE CONTRIBUTING TO DEA	THE ROLL MOL KETATED IC) THE TERMINAL DISEASE CON	UITION GIVEN IN PART I	,0)	PERFORMED?
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING O	20b. OESCRIBE	HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Port II of item 1	8.)	15 10
20c. TIME OF INJURY Month, Doy, You Hour o.m.			LACE OF INJURY (Home, form,	20f. (City or tov	vn) (Count	ty) (Stote)
Hour o.m.	19 While of work	Not While of work	octory, street, office bldg., etc.)			
21. I certify that I taak d	rarge of the remains	described above, h	held an Autopsy 🔲,	Inspection 📈,	Inquiry ,	ond in my opinion
deoth resulted from: N	atural causes 💢,	Accident, Su	oicide, Homicide	, Undetermine	ed manner	
ACTUAL / Jal	14	ma.	CHIEF MEDICAL E			22. DATE SIGNED
SIGNATURE / CHSUN -	the ta	1101	M.D. ASSISTANT MEOR	CAL EXAMINER L.		-/-//
NAME (Type) Robert C.	La Mar. M.	D. , 104 Bay	y Streetings (Smo			1/28/67
23o. BURIAL, CREMATION, 23b. DA		c. NAME OF CEMETERY O		23d LOCATION (City		County) (Stote)
	29 1967 6	Vhatcost	Meth.	SHOW	Hill M	d.
24. FUNERAL DIRECTOR	//	ADDRESS	2So. RECD	LY REGISTRAR 1987	b. REGISTRAR'S SIG	NATURE
Monager J. 11	Ermen S	now Hil	OATE		U	0

P.M.3. Page delay is 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm in pencil in Item 18. Give Pages 1, This certificate shauld be executed within 24 haurs after death. If "pending" necessary, please execute the certificate, writing the ward TO DEPUTY MEDICAL EXAMINER:

- Chrysler I am The the state of the state of the state of the table of the second of the Westername Burya Miles Matter El PARCOTAL PAREETT BUNNEST ACUTE CONONAPO OCCLUSICE MINNETES Mary Land Total Company Statement of the State of the Sta

	MADWAND OFFICE DEDARGES OF HEALTH	
	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION O	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
10332	CERTIFICATE OF DEATH	40004
TOOR	CERTIFICATE OF DEATH	10331
PLACE DE DEATH	11 2 IISHAI RESIDENCE (Where decoase	d tived If Institution, Residence before

-												1 1 2 2	Britain H	_
1.	PLACE DF DEATH a. COUNTY		10000					E (Whe	re decea	sed lived, If Ins	titution: Re	sidence	before admissi	on)
	a. 0001411	Worcester		MAK	RYLAND	a. STA	E Mar	ryla	and	b. COUN	Word	200	ter	
	b. CITY OR TOWN	(if outside corporate lin	nits,	c. LENGTH OF ST		c. CITY OR				rate limits, wr	Ite RURAL	and glv	re nearest tow	/n)
		art ins	130	Life			St.	Men	rti	n e		0 2	7	
_		PITAL OR INSTITUTION (IF	not In hos			d. STREET		TAY ST.	L. () Tr.)	II.B	- 1-	1 6	, IS RESIDEN	CE
	u. maine or moor	TIME OR INSTITUTION (II	not in nos	pital, give street	dudicas			S.,		200			ON A FARM	?
						Ji.	erlin	_	Md.	RFD			ES X NO	_
3.	NAME DF DECEASED	First		Middle		Last	3 4 3	4. D	ATE	Month	1	Day	Year	
	(Type or print)	Amanda		Adkins	3	Scot	t		EATH			196	7 19	
5.	SEX	6. CDLOR OR RACE 7. N	ARRIED [NEVER MARR	ED E	B. DATE DF	BIRTH		9. 4	GE (In years ast birthday)				
I	Female	White w	IDOWED T	DIVORO	ED	et. 1	. 188	34	8	2 yrs.	Months	Days	Hours MI	n.
10	. USUAL OCCUPATION	ON (Give kind of work done	1Db. KIN	D OF BUSINESS	OR				State, or	foreign country) 12. CI	TIZEN	OF WHAT	
dui	Housew	g life, even If retired)		Home		Tiffe m	- T - voi	2			CO	UNTRY		
13	. FATHER'S NAME		OWI	I HOME		14. MOTH	y la ne		VIE.			Op	A	_
15		oah Adkins /erinu.s. Armed Forces	22 10 00	OCIAL SECURITY I	NO 1 17	R1	ttie	Ba.	Ker	Addre	20			
		If yes give war or dates of servi		DCIAL SECURITY I	NO. 17.	INFURMANT				Auure	58			
			213-	18-4108	3-11	Geor	ge Ad	dki	ng	Berlin	, Ma	R	FD	
	18. CAUSE DF DI	EATH [Enter only one cau	se per Ilne	for (a), (b), and	(c).]					A			RVAL BETWEE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	4	non	~c'	m	76	-	de	de	Zis	ONS	EI VIID DEVII	
	443 X	DUE TO	11		-		1		-					
	Conditions, If a	ny which l	14	1/2	eil	asi	100	-	u	1		400		
	gave rise to I	mmediate (/	010		0								_
n	cause (a), sta underlying cause	look	Se de	- OK	21	rels	22	n	e de					
N		GNIFICANT CONDITIONS	ONTRIBUTI	ING TO DEATH BUT	TNOTRELA	TED TO THE T	FRMINAL D	ISEASE	CONDI	TION GIVEN IN	PART 1(a)	119.	WAS AUTDPS	Y
ATI	- TALLET THE COLOR	ditti tokki ootibii toka	Old Hill Do I :	ING TO DEATH DO	INOTICEA	TED TO THE I	LICITION D	IOLNOL	· OONDI	, ion diven in	TAILT Z(U)		PERFORMED	
FIG	OD- ACCIDENT III	MAG HARDERLY ING FT	l oph pr	acolog How IN	luny cool	EDED (F. L.		to be see	I. D. I	Lau Dank III.a	f lham 10		s No	
CERTIFICATION	OR CONTRIBUTION (IF EITHER, NOTI	VAS UNDERLYING G CAUSE OF DEATH FY MEDICAL EXAMINER)	2Db. DE	SCRIBE HOW IN.	JURY OCCU	RRED. (Enter	nature of	Injury	In Part	1 or Part II o	it Item 18.)		
MEDICAL	2Dc. TIME OF IN	JURY Month, Day, Year	2Dd. INJ	URY OCCURRED	2De. PLA	CE OF INJUR	(Home, fa	rm, 2	Df. (CI	ity or town)	(Cou	nty)	(State)	1
0	Hour a.m.		While at work	Not While	tacto	ry, street, off	ce blag., et	tc.)				~		
Σ	p.m.				1	1-6	() v		1	-28	- 60	-	at (1) (ma) 1	
		that (I) (this hospital)	attended	/		d11	<u> </u>	-	, to	the series			at (I) (we) I	
1	Saw the dece	eased alive on			and that	death Dcci	rred at_	200	vi, trdn	the causes		TE SIG		ve.
	Oles	Ford Ext	Re	0	M.D	ATTENDI	IG P	MED.	OR 🗆	STAFF PHYS.	220. 07	AIL SI	aneb	
	22c. PHYSICIAN	I'S DLPA.	25	· C.1-	+/2	22d. Al		1		14 1				
	NAME TIYE	(A) (A) (A)	-4 L	. Jego	66 h	20 €)e7	-/11	7	Mas				
23		TION, 23b. DATE THER	EOF	23c. NAME OF	CEMETERY	OR CREMAT	ORY	230	LOC	ATION (City, to	own or cou	nty)	(State)	
	REMOVAL ASDEC	(1/30/6/	0	DaT				9.9	mal	eans!	re, h	Id.		
24	. FUNERAL DIREC	TOR/ // /)	1	ADDRESS 4	n	111	25a, REC	D BY	REGIST		EGISTRAR'			
1	TITEN'	11halle	Sell	herrell	0 1	el,	DATE	31	196	ol ic	rarle	1 yes	oge	H
I.	1001	110000	u	0-0		- 1	DAIL			LI .		41	W	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

Our of the second 184. . . 184 A market plant is AT-MALE NEWS 7-11-12-1-12-1-12-1-12-1 the many well and the second of the second MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10333

ERTIFICATE OF DEATH

10332

	10000	CERTIFICAT	E OF DEATH		7.00013
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Whe	re deceosed lived, if institution: Res	idence before odmission)
	o. COUNTY Worces	P MARYLAND	O. STATE Mary	eland b. COUNTY	Percester
-	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autsid	carparate limits, write RURAL and	give nearest tawn)
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital give street address)	d. STREET ADDRESS	1110000	e IS RESIDENCE
			209 fr	nden live	ON A FARM? YES NO NO
3.	NAME OF DECEASED. (Type or print) TO SC	Ph Middle	PKINS 4	OF DEATH STORY	Day Year
S.		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE In years FUN	DER I YEAR IF UNDER 24 HRS.
)	11000	VIDOWED DIVORCED	Dec. 12, 18	73 7 yrs.	
	a. USUAL OCCUPATION (Give kind of work done ring most of working life, everyif refired)	10b. KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & ST	rate, ar fareign country)	COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
	Unkno	uin	unth	noum	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, ar unknown) (If yes give war ar dates af sen		INFORMANT -	Address	Ca Pinla Gu
1,1	es, no, at unknown) (if yes give war at autes at ser	(4)	rua Win	1 Focomo	the very
	18. CAUSE OF OEATH (Enter only one cause po	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		067	INTERVAL BETWEEN ONSET AND DEATH
	O23 X IMMEDIATE CAUSE (a) _ OUE TO	ACUTE CORO	HARY INF	ARCTION.	
-	Conditions if any which gave	I water And	TIC TNSI	FFICIENCY	7-5V04
	rise to immediate cause (a),	LDEI'C AGIC	THE LASE	FILLENCY	33/12
	stoting the underlying cause (c)	TETIARY 1	. 16 C		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBILTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY
TION	425	4		1011 011 211 111 1111 1101	PERFORMED?
FICA	20g. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED		Lar Part II of item 18)	. 10
CERTIFICATION	OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. DESCRIBE HOW MOON! OCCUMEN	. (Enter never or injery in ren	r di r di ii di iidiii ro.;	
MEDICAL	20c. TIME OF INJURY Month, Oay, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm,	20f. (City or tawn)	(County) (State)
MED	Haur a.m. p.m. 19		ctory, street, affice bldg., etc.)		()
	21. I certify that (1) (this haspita		10/24 19/	14 to 7/7	19/ that (I) (we) last
	saw the deceased alive an		at death accurred at 1	132M, from causes and a	
	22a. SIGNATURE	110	ATTENDING AME		DATE SIGNED
	piville	1. / Daron 1	A.D. PHYS. DIF	RECTOR L PHYS. L	1/7/67
10	22c. PHYSICIAN'S NAME (Type)	IE A. BARO	22d. ADORESS	mate m	1).
22	OBURIAL CREMATION. 23b. DATE THEREO			22d OVATION (City or Town)	(Country) (Country)
17	REMOVAL Specify 23b. DATE THEREO	7 NAME OF COMETERY OF	R CHMATORY	23d TOCATION (City or Town)	(County) (State)
2	4. FUNERAL OIRECTOR	ADDRESS /	2Sa. REC'D BY	REGISTRAR 256. REGISTRA	R'S SIGNATURE ()
L	1011111111	- Shoul	herek Va DATE JU	1 2 196/	waster Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be tiled with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10222

FOR STATE		TOOGA MEDICAL EXAMINE	K 3 CEKHILICATE OF DEATH	TARRE
HEALTH DEPT.	1.	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Res	dence before odmission)
≥ 5 5 5 ×		COUNTY 10RCOSTER MARYLAN	D O. STATE M. B. GOODNIYA	e ARUNdel
delay ind 3 13. Pag men		CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1	c. CITY OR TOWN (If putsitle carporate limits, write RURAL and	give neorest town)
y del and PM3.		ECERP CITY I day	after Purnie	02.2
J, 2	1	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give Ireet oddress)	d. STREET ANDRESS	e IS RESIDENCE ON A FARM?
h. If farm farm farm		tocultury 1 "10761 PHYKING NU	+. CHENWOODTUE 409	YES NO
hin 24 hours after death. If any delay not in Item 18. Give Pages 1, 2, and 3 niner's Office along with farm PM3. Progress 1 and 2 with the State Departments of the death.		AME OF ECEASED HER BERT AND MIDDLE WILLIAM AND MIDD	STRAITZ 4. DATE OF DEATH OLLY	100y Year 1967
after 8. Givi along with tl	S.	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNI	DER 1 YEAR IF UNDER 24 HRS.
em 18. ffice al and 2 w death.		WIDOWED DIVORCED [12-30-46 4D yrs.	
24 hours in Item 1 r's Office I and 2	10o duri	USUAL OCCUPATION (Give kind of work done gmost of working life even if retired) 10b. KIND OF BUSINESS OR UIDDSTRY	11. BIRTHPLACE (Stote or foreign county) 12	COUNTRY?
in 24 cil in ner's ogges	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	003.4
o o o	-	FREJERICK G. STRAIT.	Z MARHAE Sch.	midt
ed win particular in particula		WAS DECEASED EVER IN U.S. ARMED FORCES? "no, or unknown) (If yes give way or dates of service)	17. INFORMANT	1- 11:
2 0	(10	105 KOREZ 217-20-07	35 MRS GRORIZ INSTRAT	12 W/1-C
e execution pending ef Medic isit perm		PART I. DEATH WAS CAUSED BY:	O. I. A. I.	INTERVAL BETWEEN
ld be rd "pe Chief transit		IMMEDIATE CAUSE (o)	ARY UCCLUSION, HEUTE	רטשונות צו
shauld be e ne word "per a the Chief I burial-transit		Conditions, if ony, which gove) DUE TO	1)	IN KNOWN.
		rise to immediate couse (o),		
		stoting the underlying couse lost.		
	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
for to	ATIO	NONE		PERFORMED?
Thi ficat be d be	CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in Part I or Port II of item 18.)	
certific hauld b les. should an, ar r		CAUSE OF DEATH.		
= o v + c :=	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 20d. INJURY OCCURRED 20 White Not While	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (Stote)
EXAM ute th uge 4 yaur yaur Page crema	W	p.m. 19 otwork otwork		
NL Execution Part far far al, c		21. I certify that I took charge of the remains described abov		, and in my apinia
MEDICAL lease exe director. P stained fa DIRECTOR ta burial,		deoth resulted from: Natural causes , Accident ,	Suicide , Hamicide , Undetermined manner	
MEDIC please e I director retained L DIRECT or to bur		ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	, 22. DATE SIGNED
UTY I		SIGNATURE EXAMINER'S	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	7/11/67
o DEPUTY MEDICAL Benecessary, please exect the funeral directar. Possible for may be retained far of FUNERAL DIRECTOR: Health priar to burial, o		NAME (Type) +) OWNSENDY	Address (Street, is) form, or country (MC)	////
necessor the fun 5 may 0 FUNE Health	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 10335 Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Worcester b. COUNTY merset MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) Pocomoke Wenona d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 819 Second St Main Road YES NOW NAME OF Middle Last 4. DATE Month Day Year DECEASED OF (Type or print) Sodia 1967 Tawes July 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last buthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days May 16.1879 WIDOWED K DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Retired Household Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander White Amanda White 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 81 Addresecond St 17. INFORMANT Mrs Orville LaCurts Pocomoke City MD None 18. CAUSE OF DEATH [Enter only one cause peptine for (a), 4b). and [c].] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IC 200. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injuryan Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. n. factory, street, office bldg., etc.) Not while at work ot work 21. I certify that I attended the deceased from Apr. 18, 1967, to July 25, 19.67, that I last saw the deceased , and that death accurred a 10 40 P.M. from the causes and on the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL M.D. 302 Market Street. Pocomoke City, Maryland PHYSICIAN'S Charles W. Trader, M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) St Johns Cemetery Deal Islang 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Princess Anne MD

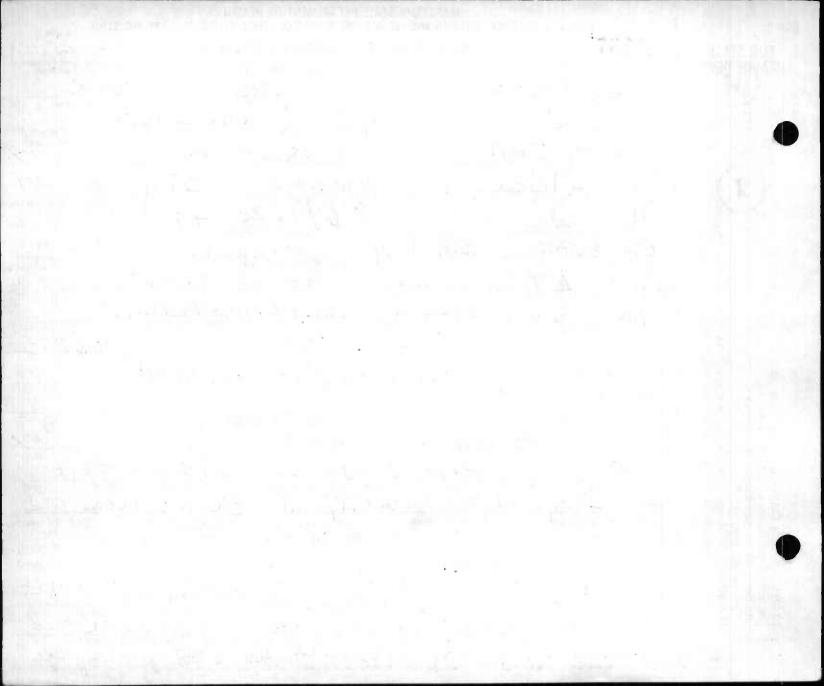
DOT LOS GARAGES

Item 18 Film 390 7-21-67 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10336 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where, deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Page 0 Department of MARYLAND deloy b. CITY OR TOWN (If autside caroarate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 2, ond PM3. F RAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address e. IS RESIDENCE Showel ON A FARM Poges Stote 24 hours ofter deoth. ATT. NAME OF First Middle DATE Day Year DECEASED Give Jel 196 (Type or print) DEATH the certificate, writing the word "pending" in pencil in Item 18. Giv 4 should be forworded to the Chief Medical Examiner's Office along permit. File pages 1 and 2 with S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 882 hday) Months Days Haurs deoth WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) offer INDUSTRY 13. FATHER'S NAME be executed within within 72 hours 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar upknown) (If yes give war ar dates af service) weiphew. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN burial-tronsit ONSET AND DEATH event PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stimate This certificate should DUE TO any Thrombosis, anterior mesenteric artery 2-24 Canditions, if any, which gave rise to immediate cause (a). .⊆ DUE TO 0 stating the underlying cause puo 00 be used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removal. NO 2Dg. EXTERNAL CAUSE WAS 3 should 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 10 PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. burial, cremotion, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. Nat While factory, street, affice blda., etc.) may be retoined for your FUNERAL DIRECTOR: Poge Page at wark at work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinion funeral director. Natural couses deoth resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED 5 may be ret TO FUNERAL D Health prior SIGNATURE DEPUTY NAME (Type) the (County) (Stote) 2So. REC'D BY REGISTRAR

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10337 MEDICAL EXAMINER'S CERTIFICATE **FOR STATE** DEPT. HEALTH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY haurs after death MARYLAND delay Department c. LENGTH OF STAY IN 1b outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup P.M.3 RURA e. IS RESIDENCE ON A FARM? HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS form ate NO NO GIVE Pages after death. 3. NAME OF First Middle DATE Lost Month Doy Year DECEASED DWNSENd OF DEATH 22 within (Type or print) IF LINDER I YEAR DATE OF BIRTH AGE (In years IF UNDER 24 HR COLOR OR RACE 7 MARRIED NEVER MARRIED Jost Months Hours WIDOWED DIVORCED event Office and 2 1Do. LISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT GOUNTRY? 9 24 2 Chief Medical Examiner's pages This certificate shauld be executed within pencil 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAM = File and IS WAS DECEASED EVER IN ILS ARMED FORCES? INFORMANT permit. pending (Yes, no, or unknown) (If yes give wor or dotes of service remayal INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Б IMMEDIATE CAUSE (o) writing the ward crematian, DHE TO the self inplicated Conditions, if ony, which gove rise to immediate couse (a) 4 shauld be farwarded ta DUE TO stoting the underlying couse O 00 last. burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? the certificate, ţ m pe 2Do. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY OF CONTRIBUTING MEDICAL EXAMINER: CALISE OF DEATH its designated agent, 20c. TIME OF INJURY Month, Doy, Yeor 2De. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page NOR Page please execute of work 21. I certify that I took charge of the remains described abave, held an Autopsy Inspection Inquiry and in my apinian the funeral directar. death resulted from: Natural causes Accident Suicide X Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE O DEPUTY Health ar **EXAMINER'S** NAME (Type) 23o. BURIAL CREMATION 23b. 23c. NAME OF DAJE LOCATION (City (County) (Stote) 0 REMOVAL (Specify) / 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR 24. 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) DATE AUG 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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10000	CEKTIFICATI	E OF DEATH		
1. PLACE OF DEATH a. COUNTY (1) A.C. I.S. T.E.	K MARYLAND	2. USUAL RESIDENCE (When	re deceased lived, if institution: I b. COUNTY	Residence befare admission) 101000100
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside	e carparate limits, write RURAL a	
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	aspital, give street address)	d. STREET ADDRESS	UD ST.	e. IS RESIDENCE ON A FARM? YES NO
S. SEX 6. COLOR OR RACE 7. N W 10a. USUAL OCCUPATION (Give kind af wark dane during mas yaf warking life, even if retired) 13. FATHER'S NAME	(ice) 218-05-8750 E Tine for (a), (b), and (c).) Curanay Chro Myo	Last RIGTHT SR. 8. DATE OF BIRTH 3-10-190. 11. BIRTHPLACE (Caunty & St. CHANC 14. MOTHER'S MAIDEN NAM HATTI INFORMANT DNA WRI	I last birthday) A converse of the converse o	Day Year 29 19 67 UNDER I YEAR IF UNDER 24 HRS. Inthis Days Haurs Min. 12. CITIZEN OF WHAT COUNTRY? S. A INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURRED			PERFORMED? YES NO
	The state of the s	The state of the s		
20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State)
21. I certify that (I) (this haspital saw the deceased alive an 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	24. 1963, and the	at death accurred at & MEI D. ATTENDING DIR DIR 22d ADDRESS (A)	M, fram causes and	, 1925, that (I) (we) last an the date stated above 22b. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR	23c. NAME OF CEMETERY OF ADDRESS	CREMATORY ANY 2Sa. REC'D BY	23d. LOCATION (City or Town) THE LOCATION (City or Town) REGISTRAR 2 1967	(County) (State) WICOMIC RAR'S SIGNATURE CONTROL CONT

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remane carbon pagers. Pages I are should be filed with the State Dept. at Health priar ta burial, cremation, ar remavol, and in any event within 72 hours after been Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10339

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 naurs aft Page 4 may be retained by the haspital or attending physician.

CERTIFICATE OF DEATH

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.= :	00			AL OR INSTITUTION (If nat	in hospital, g	ive street address)	1000	d. STREET ADDRESS				e. IS RE	SIDENCE FARM?
filled in papers.	00			ar Street				902		lar Stre	et	YES [NO 🔀
	1		NAME OF DECEASED	Firs		Middle		Last	4. DATE			Day	Year
ave carbal y ever wi			(Type or print)	MARY		ELIZABETI	-	YOUNG	DEAT				967
	/	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		 AGE (In years last birthday) 	Months D	EAR IF UND	DER 24 HRS. Min.
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attending permit. The				R IN U.S. ARMED FORCES?	2 41 1	OCIAL SECURITY NO.	17 1	Martha NFORMANT	a SI	mmons Addr	220		
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of at		CER	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)									
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